

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE    |
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| FEE DETERMINATION   | SM       |        | 1/11/99 |
| O.I.P.E. CLASSIFIER |          | 8      | 1/15/99 |
| FORMALITY REVIEW    |          |        |         |

# INDEX OF CLAIMS

..... Rejected  
 ..... Allowed  
 (Through numeral)..... Canceled  
 ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

| Claim | Final | Original | Date |
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